2

. - . . .

claimed:

## DECLARATION AND POWER OF ATTORNEY FOR APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PRINTING ORDER RECEPTION METHOD AND APPARATUS

Alled and almined in the specification:

described and claimed in the specification.	
Check one	
*a.XX attached hereto.	
b. 🗆 filed on as Application Serial No	
I have reviewed and understand the contents of the above-identif:	ied
specification, including the claims, as amended by any amendment referred to above	∕e.
I acknowledge the duty to disclose to the Office all information known to	
to be material to patentability as defined in Title 37, Code of Federal Regulation	ons
\$1.56. Under Title 35, U.S. Code \$119, the priority benefits of the follows	ing
foreign application(s) filed within one year prior to this application are here	≥by

Japanese Patent Application No. 2001-246732 filed on August 15, 2001

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,552; Thomas J. Pardini, Reg. No. 30,411; and Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

of Sole or First Inventor_	Katsumi	YAMAGISHI
7	Given Name Middle Initial	
Inventor's Signature	Kathumi Chamager	ac .
Date of Signature	December 7, 2001	
Residence Minato-ku	Tokyo	Japan Country
City	State or Province	Country
Citizenship <u>Japan</u>		
Post Office Address	c/o Fuji Xerox Co., Ltd., 1-20,	Akasaka 6-chome,
(Insert complete mailing	Minato-ku, Tokyo, Japan	

'If Box a. is checked, this form may be executed only when attached to the specification (including claims) at the end thereof.

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ED

#535 as	la de
#535 as	(1)
#535 as	13
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2L
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,17
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
- S	100
1	
1	600
2534	1
25	\$ de
	2 3

Typewritten Full Name of Joint Inventor	Fumihiro		NAKANO
	Given Name	Middle Initial	Family Name
Inventor's Signature	- Funition	Nabane	
Date of Signature	December 7, 200		
Residence Minato-ku	Tokyo		Japan
City	State or Province		Country
Citizenship Japan			
Post Office Addr (Insert complete mailing		o., Ltd., 1-20, Aka:	saka 6-chome,
address, including country	Minato-ku, Tokyo	, Japan	
Typewritten Full Name of Joint Inventor	Hideaki		SOGAWA
Inventor's Signature	Given Name	Middle Initial	Family Name
-		awa/	
Date of Signature	December 7, 200	1	
Residence Setagaya-	ku Tokyo State or Province		Japan
Citizenship Japan	State of Province		Country
Post Office Addr	ess C/o Fuii Xerox Co	o., Ltd., 10-1, You	72 A +b
(Insert complete mailing	Setagaya-ku, Toky	Zo Japan	a 4-cnome,
address, including country)		o, bapan	
Typewritten Full Name of Joint Inventor			
or corne inventor	Given Name	Middle Initial	
Inventor's Signature		MIGGIE INICIAL	Family Name
Date of Signature			
Residence			
City	State or Province		Country
Citizenship			country
Post Office Addre (Insert complete mailing address, including country)	ess		
Typewritten Full Name of Joint Inventor			
Inventor's Signature	Given Name	Middle Initial	Family Name
Date of Signature			
Residence .			
Residence City	State or Province		
Citizenship	TTULE OF FIGVINCE		Country
Post Office Addre (Insert complete mailing address, including country)	ess		
Typewritten Full Name of Joint Inventor			
Inventor's Signature	Given Name	Middle Initial	Family Name
Date of Signature			
Residence City	State or Province		
Citizenship	crate of Province		Country
Post Office Addre	S.S		

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.